



PROFESSIONAL  
FELLOWS



**U.S. DEPARTMENT OF STATE  
LEGISLATIVE FELLOWS PROGRAM**

**PARTICIPANT APPLICATION FORM**

**for the program in Chicago, Illinois, USA managed by:**

**Heartland International**  
70 East Lake Street, Suite 1020  
Chicago, IL 60601  
www.heartlandinternational.org

**For Moroccan/Egyptian Applicants**

*REVIEW THE PROGRAM SUMMARY AND REQUIREMENTS/INSTRUCTIONS PRIOR TO COMPLETING THIS APPLICATION*

**PERSONAL INFORMATION**

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Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

First Name: \_\_\_\_\_

Country of Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

**Passport Info.**

Issuing Country: \_\_\_\_\_ Expiration  
(If you have one) Date: \_\_\_\_\_

**Home**

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Mobile: \_\_\_\_\_

**Work****Employer:** \_\_\_\_\_**Address:** \_\_\_\_\_**Telephone:** \_\_\_\_\_**Email:** \_\_\_\_\_

<b>BACKGROUND INFORMATION</b>		
In which areas do you currently work or have worked in the past?		
<input type="checkbox"/>	<input type="checkbox"/>	Legislative
<input type="checkbox"/>	<input type="checkbox"/>	Citizen Advocacy
<input type="checkbox"/>	<input type="checkbox"/>	Political parties
<input type="checkbox"/>	<input type="checkbox"/>	Election monitoring
<input type="checkbox"/>	<input type="checkbox"/>	Non Governmental Organization/Civic group
<input type="checkbox"/>	<input type="checkbox"/>	Media Relations
<input type="checkbox"/>	<input type="checkbox"/>	Civic Education

Please state what work you currently do or you have done in the past in the areas you checked above:			
Please state your current title, employer, and employment start date:			
Title	Employer		Start Date
Please summarize your current job responsibilities:			

Please provide the following information for your previous jobs (up to three):			
Title	Employer Name	Dates of Employment	Job Responsibilities

Please describe any internships and/or volunteer experiences you have had that are relevant to this program.

What would you like to be doing professionally in five years? Please describe.

## EDUCATIONAL BACKGROUND & LANGUAGE PROFICIENCY

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Please provide the following information regarding your post high school education:

Degree:			
Area of Study:			
Institution:			
Date Obtained:			

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**Please list any other relevant training programs, certificates, awards, etc.:**

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Description	Date
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Description	Date
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Description	Date
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**Have you taken any standardized language tests (i.e. TOEFL, IELTS, etc.)? If yes :**

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Name of Test	Score	Date Taken
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Name of Test	Score	Date Taken
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Name of Test	Score	Date Taken
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**Please indicate your level of proficiency in reading, writing, and speaking English and any other languages in which you are proficient:**

ENGLISH			
	Reading	Writing	Speaking
Excellent			
Good			
Fair			
Poor			

Other: _____			
	Reading	Writing	Speaking
Excellent			
Good			
Fair			
Poor			

Other: _____			
	Reading	Writing	Speaking
Excellent			
Good			
Fair			
Poor			



**6. Have you travelled to the U.S.? If yes, please provide the following information:**

Destination	Dates Traveled	Purpose of Trip (holiday, educational, etc.)
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**7. Do you have any health conditions that would prevent you from traveling to the U.S.?**

**Please also complete the “Contact Information for References” Form**

**APPLICATION IS DUE BY JUNE 11, 2012**

**PLEASE SEE REQUIREMENTS/INSTRUCTIONS FOR INFORMATION ON HOW TO  
SUBMIT THIS APPLICATION FORM AND ALL SUPPORTING DOCUMENTS.**